

**BIR SPEEDY PRINTING#7079 MERCERVILLE NJ 08619 202881-BQ**

Last Name 02                      First Name 03                      Middle Initial 04

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Address 25    Apt. 26

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City    State 27                      Zip Code 28

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Telephone Number:    -    -                          29

Area Code

Street	30	Route	31
City or Town	State	32	Zip Code
			33

Last 35 First 36 M.I. 37

**If no, check the block which best describes your heating arrangement:**

- List the Name and Social Security Number of all household members including applicant:**

### OCCUPANCY STATUS

Owner - years at address \_\_\_\_\_

Renter - years at address \_\_\_\_\_

**Landlord:**

Do you own your own home?    ☐ Yes   ☐ No

Do you live in Public Subsidized Housing or receive Rental Assistance? ☐ Yes ☐ No

Do you live in a Residential Health Care Facility? ☐ Yes ☐ No

**DWELLING TYPE**

- ☐ Single family detached  
☐ Multi-dwelling unit  
☐ Row/town house  
☐ Mobile home/trailer

**PRIMARY HEATING FUEL TYPE (check one)**

- J. ☐ Oil  
L. ☐ Gas, bottled  
N. ☐ Gas, piped  
R. ☐ Wood  
K. ☐ Electricity  
M. ☐ Kerosene  
P. ☐ Coal/Coke  
☐ Other

Utility Account # 34

Heating Fuel Supplier: \_\_\_\_\_

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OUR SPEEDY PRINTING #7070 MERCERVILLE NJ 08619 33033733

A. ☐ Elderly (Age 60 or over)      B. ☐ Disabled (receiving SSI or VA or SSA disability)  
C. ☐ Child 5 years old or under      D. ☐ Child 2 years old or under  
E. ☐ Child between 3 & 5 years old      F. ☐ None of the Above

Head of Household Age Range: ☐ 40 or Less ☐ 41 - 59

☐ 60 - 64      ☐ 65 or Over

**Family Age Range:** Oldest \_\_\_\_\_ Youngest \_\_\_\_\_

Is anyone in your household receiving TANF? ☐ Yes ☐ No

Is anyone in your household receiving Food Stamps? ☐ Yes ☐ No

What is the main language spoken in your home? \_\_\_\_\_

Are all members of your household US citizens? ☐ Yes ☐ No

Income Source	Gross Monthly Amount	Documentation	Claim/Case Number
Social Security	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Disability	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
SSI	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Retirement	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Veteran Benefits	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
TANF	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Unemployment	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Employment	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Workers' Compensation	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Alimony	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Child Support	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

TOTAL GROSS MONTHLY INCOME \$

ANNUAL GROSS INCOME \$

I certify that information given on this application is true correct and complete to the best of my knowledge and ability. I further hereby declare that I am aware of the eligibility requirements for the Weatherization/Home Energy Assistance program. I understand that I **must** furnish verification or proof of income. I also give my consent to verify my income from any of the sources. I am aware that it is my obligation to **notify** this agency **immediately** by mail or in person of any changes in my income, address or circumstances. I further consent to an inspection of my house by authorized agency personnel for the purpose of estimating and performing the weatherization work or field review for the Home Energy Assistance Program (HEA). I understand that I may request a fair hearing if I am not satisfied with any action taken on this application. I understand that all payments

made through the HEA **must** be used toward the purchase of heating/cooling energy. I am aware that I may be penalized by fine and/or imprisonment for making false statements on this application. I understand information concerning my eligibility for HEA may be shared with my fuel supplier as a guarantee for continuation of service under the Winter Termination Program and to determine eligibility for the Universal Service Program and other energy assistance programs.

**Signature of Applicant**

Date \_\_\_\_\_

I hereby grant permission to (the administering agency) or its designee to inspect heating fuel and utility

**billing records for**

### Address

for not more than five years before and subsequent to the performance of the weatherization work for the sole purpose of obtaining data required for evaluation of energy conserving effectiveness of the work done and to determine eligibility for the Universal Service Program and other energy assistance programs. This information may also be used to determine eligibility for the Universal Service Fund and other energy assistance programs. I direct the pertinent utility and fuel companies to make such records available to (the administering agency) or its designee.

**Signature of Applicant or Authorized Representative**

Date: \_\_\_\_\_

**OFFICE USE ONLY**

□ □ □ □ - □ □ □ □ - □ □ □ □ - □ □ □ □ - □ □ □ □

Social Security Number 01

Year	1990	1991	1992	1993	1994	1995
1990	1991	1992	1993	1994	1995	1996
1997	1998	1999	2000	2001	2002	2003
2004	2005	2006	2007	2008	2009	2010
2011	2012	2013	2014	2015	2016	2017
2018	2019	2020	2021	2022	2023	2024
2025	2026	2027	2028	2029	2030	2031
2032	2033	2034	2035	2036	2037	2038
2039	2040	2041	2042	2043	2044	2045
2046	2047	2048	2049	2050	2051	2052
2053	2054	2055	2056	2057	2058	2059
2060	2061	2062	2063	2064	2065	2066
2067	2068	2069	2070	2071	2072	2073
2074	2075	2076	2077	2078	2079	2080
2081	2082	2083	2084	2085	2086	2087
2088	2089	2090	2091	2092	2093	2094
2095	2096	2097	2098	2099	2100	2101
2102	2103	2104	2105	2106	2107	2108
2109	2110	2111	2112	2113	2114	2115
2116	2117	2118	2119	2120	2121	2122
2123	2124	2125	2126	2127	2128	2129
2130	2131	2132	2133	2134	2135	2136
2137	2138	2139	2140	2141	2142	2143
2144	2145	2146	2147	2148	2149	2150
2151	2152	2153	2154	2155	2156	2157
2158	2159	2160	2161	2162	2163	2164
2165	2166	2167	2168	2169	2170	2171
2172	2173	2174	2175	2176	2177	2178
2179	2180	2181	2182	2183	2184	2185
2186	2187	2188	2189	2190	2191	2192
2193	2194	2195	2196	2197	2198	2199
2200	2201	2202	2203	2204	2205	2206
2207	2208	2209	2210	2211	2212	2213
2214	2215	2216	2217	2218	2219	2220
2221	2222	2223	2224	2225	2226	2227
2228	2229	2230	2231	2232	2233	2234
2235	2236	2237	2238	2239	2240	2241
2242	2243	2244	2245	2246	2247	2248
2249	2250	2251	2252	2253	2254	2255
2256	2257	2258	2259	2260	2261	2262
2263	2264	2265	2266	2267	2268	2269
2270	2271	2272	2273	2274	2275	2276
2277	2278	2279	2280	2281	2282	2283
2284	2285	2286	2287	2288	2289	2290
2291	2292	2293	2294	2295	2296	2297
2298	2299	2300	2301	2302	2303	2304
2305	2306	2307	2308	2309	2310	2311
2312	2313	2314	2315	2316	2317	2318
2319	2320	2321	2322	2323	2324	2325
2326	2327	2328	2329	2330	2331	2332
2333	2334	2335	2336	2337	2338	2339
2340	2341	2342	2343	2344	2345	2346
2347	2348	2349	2350	2351	2352	2353

Batch Number

### Home Survey Conducted

By: \_\_\_\_\_ Title: \_\_\_\_\_

Estimated Cost	\$	
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Actual Cost \$

Pro-rated Cost \$

Total Cost \$

Landlord Contribution      ☐ Yes    ☐ No      ☐ Approved    ☐ Not Approved

Utility Funds      ☐ Yes    ☐ No      ☐ Approved    ☐ Not Approved

**CERTIFICATION:**

☐ Approved - HEA Funds      ☐ Approved - DOE Funds      ☐ Approved - DHS Funds

☐ Approved - Multi-Dwelling Unit      ☐ Income Eligible      ☐ Non-Income Eligible

☐ Not Approved

Reason:

By: _____	_____	Date: _____
Weatherization Manager		